

Report to

House of Representatives Appropriations Subcommittee on Health  
and Human Services, the Senate Appropriations Committee on  
Health and Human Services, and the Fiscal Research Division

**Report on**

**The Future Role and Capacity of  
Developmental Centers – Final Plan**

Session Law 2007-323  
House Bill 1473

Section 10.50(c)

April 1, 2009

NC Department of Health and Human Services  
Division of Mental Health, Developmental Disabilities, and  
Substance Abuse Services

## **Progress Report on the Future Role and Capacity of Developmental Centers – Final Plan**

**April 1, 2009**

House Bill 1473, Section 10.50(c) of Session Law 2007-323, calls for the Department to *“update the existing plan to ensure that there are sufficient developmental disability/mental retardation regional centers to correspond with service catchment areas.”* The bill requires that the plan addresses *“methods of funding for community services necessitated by down-sizing; how many State-operated beds and non-State operated beds are needed to serve the population; alternative uses for facilities”* and that the Department of Health and Human Services report on the development of this plan.

A rule currently in the final stages of adoption by the North Carolina Commission for Mental Health, Developmental Disabilities and Substance Abuse Services creates three distinct regions for the State-operated facilities that will correspond with the service catchment areas. The rule will formally designate Caswell Developmental Center, Murdoch Developmental Center and J. Iverson Riddle Developmental Center as the centers for the eastern, central and western regions, respectively.

The developmental centers continue to provide services and supports to individuals who have resided at the centers for a number of years and whose guardians have expressed the desire for their family members to remain in these settings, especially as their care needs change due to developmental disabilities and increasingly complex medical conditions. Options for community living are reviewed and discussed with guardians each year and informed choices are made. Many guardians are of advanced age and find comfort knowing that their family members are being cared for by staff who they have come to know over the years. The centers are honoring the commitment made to these families and respect their choice to have their family member age in place.

The developmental centers continue to serve as the public safety net for individuals with intellectual and developmental disabilities (I/DD) whose behavioral challenges and/or complex medical conditions exceed the level of care currently available in the community. Applications for admissions continue to be submitted for individuals living with their natural families and in group homes. The State-operated psychiatric hospitals continue to refer individuals with I/DD in need of stabilization and medication evaluations and for whom the hospital is not the appropriate setting. All requests for admission are thoroughly reviewed and screened by admissions committees at the centers. Only those who have been deemed to have exhausted resources in the community are admitted, with a goal of reintegration to the community when the person is stable and appropriate resources are identified and secured.

A new role for the developmental centers is working collaboratively with the regional North Carolina systemic, therapeutic, assessment, respite, treatment (NC-START) teams that were funded during the 2008 Legislative Session. The center staff and NC-START

teams partner on transition plan development for individuals who are moving from the centers to the community. This collaboration continues after the move to the community, as the staff at the centers can serve as a source for historical information if the individual experiences behavioral challenges. The expertise of the center staff is also utilized to provide specialized training to the NC-START teams.

The centers continue to play an important role in the provision of dental services for individuals with I/DD residing in the community who are unable to access services from local dentists. While the dental care of the residents of the centers must take priority, the centers provide services to as many people referred from the community as their resources will permit. With the shortage of community dentists who are willing to accept Medicaid and the specialized approach to providing dental care to individuals with I/DD, this need is expected to continue.

The developmental centers, local management entities (LMEs) and contract agencies continue to work together with the identified individuals and their guardians to locate and arrange appropriate community living arrangements, day programming, medical and other ancillary services necessary for a successful transition to the community. The types of community residences considered by individuals and their families include supervised living homes and alternative family homes with support services funded through the Community Alternatives Program (CAP-MR/DD) Medicaid Waiver and Intermediate Care Facility for the Mentally Retarded (ICF-MR) group homes. The Money Follows the Person (MFP) grant funded by the Centers for Medicare and Medicaid Services provides an enhanced funding match for individuals who move into a CAP-MR/DD supported living arrangement. For individuals whose guardians choose the ICF-MR group home option, efforts continue to match individuals with vacancies as they occur in the community. In addition, efforts continue to open six new, six-bed ICF-MR group homes via the transfer of current Certificates of Need from the developmental centers to selected community providers with the individuals who occupy the beds and whose guardians support such moves. The recurring savings realized from the downsizing of the developmental centers are used to support Medicaid funded, community-based services for people with intellectual and developmental disabilities.

As individuals continue to move from the centers to the community and the number of individuals being admitted to the centers decreases, the operational capacity for each facility is projected to change as follows:

Caswell Center: current operating capacity 441; projected capacity 337

Murdoch Center: current operating capacity 568; projected capacity 376

Riddle Center: current operating capacity 350; projected capacity 247

The projected capacity for each center is based on the expected need of each of the three regions and represents a public safety net for persons with I/DD based on current community resources. The number of beds will be adjusted based on demand, which is dependent on the availability of services to meet the needs for individuals with I/DD and significant behavioral challenges and/or complex medical needs.